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2019 JUL 29 PM 1:35

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

Munson

William

(MIDDLE)

DEPT OF CONSERVATION
Joseph HUMAN RESOURCES

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Natural Resources Agency

Division, Board, Department, District, if applicable

Your Position

Dep of Conservation,Div of Oil Gas & Geothermal Resources Associate Oil & Gas Engineer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

 State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of _____ City of _____ Other _____

3. Type of Statement (Check at least one box)

 Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left ____/____/_____
(Check one circle.)-or- The period covered is Jan / 1 / 2018, through December 31, 2018. The period covered is January 1, 2018, through the date of leaving office. Assuming Office: Date assumed ____/____/_____
_____ The period covered is ____/____/_____, through the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: _____4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**Schedules attached** Schedule A-1 - Investments – schedule attached
 Schedule A-2 - Investments – schedule attached
 Schedule B - Real Property – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule D - Income – Gifts – schedule attached
 Schedule E - Income – Gifts – Travel Payments – schedule attached-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

4800 Stockdale Hwy Suite 100

Bakersfield

CA

93309

DAYTIME TELEPHONE NUMBER

(661) 326-6005

EMAIL ADDRESS

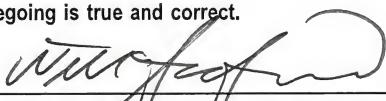
William.Munson@conservation.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Jul 25, 2019
(month, day, year)

Signature



(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

William Joseph Munson

► NAME OF BUSINESS ENTITY

Chevron Common Stock

GENERAL DESCRIPTION OF THIS BUSINESS

Oil & Gas

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: 02/13/2019

____/____/18
ACQUIRED

____/____/18
DISPOSED

► NAME OF BUSINESS ENTITY

Chevron ESOP

GENERAL DESCRIPTION OF THIS BUSINESS

Oil & Gas

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE: 07/12/2019

____/____/18
ACQUIRED

____/____/18
DISPOSED

► NAME OF BUSINESS ENTITY

Cardinal Health Stock

GENERAL DESCRIPTION OF THIS BUSINESS

Health Care

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED

____/____/18
DISPOSED

► NAME OF BUSINESS ENTITY

Cardinal Health ESOP

GENERAL DESCRIPTION OF THIS BUSINESS

Health Care

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED

____/____/18
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED

____/____/18
DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED

____/____/18
DISPOSED

Comments: Divested Chevron Common Stock on Feb 13, 2019, Divested Chevron ESOP on Jul 12, 2019